



March 2, 2026

The Honorable Linda McMahon  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202

RE: Notice of Proposed Rulemaking on "Reimagining and Improving Student Education"

Dear Secretary McMahon:

The American Speech-Language-Hearing Association (ASHA) appreciates the opportunity to comment on the U.S. Department of Education's January 30, 2026, Notice of Proposed Rulemaking (NPRM) entitled "Reimagining and Improving Student Education."<sup>1</sup> Our comments specifically focus on the William D. Ford Federal Direct Loan Program and proposed definitional changes of "professional degree" intersecting with 34 CFR § 685.102.<sup>2</sup>

ASHA is the national professional, scientific, and credentialing association for 247,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

SLPs are complex medical specialists for a range of medical conditions impacting the head and neck who provide services in clinical and school settings. SLPs satisfy the operative definition of "professional degree" incorporated by reference from 34 CFR § 668.2 (as in effect July 4, 2025) and clarified in the NPRM. Therefore, speech-language pathology should be included among programs eligible for the professional student loan limits established under § 81001(2) of the One Big Beautiful Bill Act.<sup>3,4</sup>

Speech-language pathology unequivocally satisfies the three-part operative definition outlined in the Department's proposed rule for professional degree designation. Speech-language pathology meets all the requirements: (1) signifying completion of academic requirements for beginning practice; (2) requiring professional skills beyond a bachelor's degree; and (3) mandating professional licensure prior to independent practice. Furthermore, speech-language pathology demonstrates strong alignment with the illustrative list of enumerated professional degrees and provides exceptional return on investment for a comprehensive range of pediatric and adult health programs—from Medicare and Medicaid to private insurance and school-based services across the lifespan.

### **Overview of Speech-Language Pathology**

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Speech-language pathology is a health care profession dedicated to evaluation, diagnosis, treatment, and prevention of communication, cognitive, feeding, and swallowing disorders across the lifespan. An SLP's scope of work can incorporate a variety of specialized settings from pediatric ICUs and school settings to skilled nursing facilities and rehabilitation hospitals. A master's degree in speech-language pathology is the minimal entry level degree for an SLP.

Key characteristics of speech-language pathology graduate education include:

- Minimum of two years of full-time post-baccalaureate study for master's programs;

- Minimum of 400 supervised clinical clock hours across varied settings, often including high-acuity experiences that may require relocation and preclude outside employment (akin to a medical residency);
- Comprehensive curriculum addressing speech sound disorders, language disorders, fluency, voice, swallowing (dysphagia), cognitive-communication disorders, and augmentative and alternative communication; and
- Mandatory passage of the national Praxis examination in speech-language pathology for licensure.

Speech-language pathology involves diagnosis and treatment of swallowing disorders, cognitive-communication impairments, pediatric feeding disorders, and complex speech and language conditions. These services require advanced clinical training and autonomous professional judgment unavailable to bachelor's level graduates.

After completing a master's degree, graduates enter a time-limited licensure transition period in most states during which they provide direct clinical services while completing additional mentored requirements. During this period, provisional licensees independently evaluate and treat patients within their professional scope while meeting structured consultation and documentation review requirements designed to ensure consistency with regulatory, billing, and professional standards. Completion of this mentored transition period results in full, independent licensure authorizing autonomous practice across clinical settings.

### **How Speech-Language Pathology Meets the Operative Definition**

A master's degree in speech-language pathology is required to begin practice as a licensed SLP. The Department's illustrative list includes two master's level theology degrees (MDiv and MHL), explicitly acknowledging that not all professional degrees must be doctoral level. All 50 states and the District of Columbia require a master's degree in speech-language pathology from an accredited program for licensure.<sup>5</sup> Accreditation standards mandate that entry-level programs in speech-language pathology award graduate degrees that include specified coursework and clinical practicum hours. Individuals with only a bachelor's degree cannot obtain independent licensure to practice speech-language pathology.

### **Speech-Language Pathology Professional Skills Far Exceed a Bachelor's Degree**

The second element of the operative definition requires that "...the profession the graduate enters must require a level of professional skill beyond what is normally required for a bachelor's degree."<sup>6</sup> Speech-language pathology unequivocally meets this standard. The complex diagnostic, therapeutic, and clinical decision-making skills required cannot be acquired through undergraduate education alone.

### **Examples of Advanced Clinical Skills**

SLPs must develop advanced clinical competencies, including:

- Comprehensive assessment of speech, language, cognition, voice, fluency, and swallowing using standardized and non-standardized measures;
- Differential diagnosis of complex communication disorders requiring integration of linguistic, neurological, psychosocial and developmental knowledge;
- Dysphagia assessment, including instrumental procedures (e.g., videofluoroscopic swallow studies, ultrasound, fiberoptic endoscopic evaluation of swallowing);

- Voice assessment, including instrumental procedures (e.g., laryngeal assessment, acoustic and aerodynamic assessment);
- Development and implementation of evidence-based treatment plans for a variety of populations ranging from infants and toddlers to adults to assist patients to learn or regain critical skills necessary for quality of life and completion of activities of daily living (e.g., stroke, acquired brain injury, Parkinson's, dementia, craniofacial anomalies, cerebral palsy, autism, intellectual and developmental disabilities); and
- Augmentative and alternative communication system design and implementation for patients with a range of conditions—including autism, amyotrophic lateral sclerosis (ALS), and multiple sclerosis—whose ability to communicate is impaired by their diagnosis.

These skills require years of graduate level coursework combined with extensive supervised clinical practice. They involve integration of knowledge from multiple disciplines, including anatomy, physiology, neuroscience, linguistics, psychology, and education, far exceeding what can be taught in undergraduate programs.

### **Selected Comparison to Enumerated Professions**

The professional skills required in speech-language pathology are directly comparable to those in the enumerated professional degree fields:

- Like clinical psychologists (PsyD/PhD), SLPs conduct comprehensive assessments, make differential diagnoses, and implement evidence-based interventions for cognitive and behavioral conditions.
- Like doctors of pharmacy (PharmD), SLPs must stay current with rapidly evolving technologies and treatment approaches, requiring continuous medically oriented professional development.
- Like physicians (MD/DO), SLPs provide direct patient care with potential for significant harm if practiced incompetently, necessitating rigorous education and licensure.

### **Professional Licensure**

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The third element of the operative definition requires that "...the profession that a degree holder would enter after graduating generally requires professional licensure."<sup>7</sup> Speech-language pathology unequivocally satisfies this requirement. All 50 states and the District of Columbia require licensure to practice speech-language pathology independently.

State licensure for speech-language pathology requires:

- Graduation from an accredited program;
- Passage of a national examination (the Praxis in speech-language pathology);
- Ongoing continuing education requirements to maintain licensure; and
- Adherence to a professional code of ethics with disciplinary consequences for violations.

The Department's proposed rule discussed hesitation to classify as professional degrees those that "...lead to employment that must be supervised by a licensed professional, and cannot be performed independently..."<sup>8</sup> Speech-language pathology is fully independent. Once licensed, SLPs practice independently without supervision. SLPs:

- Make independent diagnostic and treatment decisions;
- Operate independent private practices;

- Bill Medicare, Medicaid, and private insurance independently;
- Supervise assistants and students; and
- Serve as expert witnesses in legal proceedings.

### **Alignment With Illustrative Enumerated List of Professional Degrees**

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The Department's proposed rule identifies 11 professional degree fields as an "illustrative list" that provides "contextual clues" for interpreting the operative test. Speech-language pathology aligns closely with multiple characteristics of these enumerated professions.

#### **Health Care Focus**

Nine of the 11 enumerated professional degrees are health care professions: Medicine (MD), Osteopathic Medicine (DO), Dentistry (DDS/DMD), Pharmacy (PharmD), Optometry (OD), Podiatry (DPM), Veterinary Medicine (DVM), Chiropractic (DC), and Clinical Psychology (PsyD/PhD).

Speech-language pathology is unequivocally a health care profession. SLPs:

- Provide direct patient care for diagnosed medical conditions;
- Diagnose cognitive-communication and swallowing disorders;
- Are recognized as health care providers under Medicare and Medicaid;
- Work collaboratively with physicians and other health care professionals in hospitals, clinics, and rehabilitation settings;
- Use diagnostic medical equipment and maintain patient medical records;
- Are subject to Health Insurance Portability and Accountability Act (HIPAA) privacy regulations and other health care compliance requirements; and
- Require malpractice insurance due to potential for patient harm.

The health care context of the illustrative list strongly supports the inclusion of speech-language pathology as a professional degree. The Department noted that the illustrative list suggests professional degrees are "generally" at the doctoral level, with only three exceptions (the now-obsolete LLB and two theology degrees). Speech-language pathology meets these characteristics.

First, the complexity of speech-language pathology requires advanced education. Speech-language pathology requires expertise in linguistics, neuroscience, anatomy, psychology, and education. These knowledge domains cannot be adequately covered in undergraduate programs.

Second, technological advances have dramatically increased the complexity of speech-language pathology:

- Instrumental swallowing assessments (videofluoroscopy, endoscopy) require advanced training; and
- Augmentative communication systems involve complex technology and software.

#### **Minimum of Six Years of Postsecondary Education**

The NPRM states that a professional degree "...requires at least six academic years of postsecondary education coursework for completion, including at least two years of post-baccalaureate level coursework..."<sup>9</sup>

Speech-language pathology meets this requirement:

*Master's degree in speech-language pathology: 4 years of undergraduate + 2 years of graduate study = 6 total years.*

### **Strong Return on Investment**

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Investing in speech-language pathology provides substantial returns on investment for the federal government, education, and health care sectors.

SLPs are health professionals who evaluate and treat communication, cognition, and swallowing disorders across the lifespan. Their expertise impacts everyone, as we all communicate, think, and swallow. For example, they help premature infants feed safely, support the communication abilities of children with complex developmental disabilities, and guide adults recovering from stroke to regain speech and swallowing.

The cost of education for SLPs often exceeds \$100,000 because of the intensity of clinical preparation and the need for multiple external rotations to complete the full range of required clinical experiences. Many programs offer access to medically complex clinical training sites that may not be available locally. National accreditation standards set broad competencies for academic and clinical preparation, and students pursue specialized clinical training that may require attendance at an out-of-state program or moving to be near the medical setting.

For example, public universities such as the Medical University of South Carolina offer acute care adult clinical placements where students treat patients with acute stroke, brain tumors, and respiratory failure requiring intubation. Students integrate respiratory status, neurological findings, and overall medical stability into rapid clinical decision making that directly affects airway protection and patient survival. Students at public and private institutions in Pennsylvania may pursue placements such as the Cleft Lip and Palate Program at the Children's Hospital of Philadelphia, where students collaborate with plastic/maxillofacial surgeons, orthodontists, dentists, and psychologists to assess oral motor structure and functioning for speech production, feeding, and overall communication. These are necessary pathways to acquire clinical competencies, not optional enrichment.

Speech-language pathology services reduce complications, support independence, and generate measurable cost savings. For example, among the 2.5 million people who acquire brain injuries each year, adults receiving cognitive rehabilitation provided by SLPs are twice as likely to be employed one-year post-injury and 45% less likely to live in a skilled nursing facility.<sup>10</sup>

SLPs are key contributors to the care of medically complex patients, delivering services that improve outcomes while reducing downstream health care utilization. In head and neck cancer care, speech-language pathology counseling and treatment are associated with a two-to-three-day reduction in hospital length of stay, a 34% reduction in feeding tube placement (with patients approximately three times less likely to require a feeding tube), and a 98% lower risk of feeding tube dependence three to six months post-treatment.<sup>11,12,13</sup>

Similarly, in cardiac surgery populations, speech-language pathology involvement in tracheostomy management in the cardiac intensive care unit is associated with a 7.5-day reduction in ICU length of stay, a 13-day reduction in ward length of stay, and 2.5 fewer chest X-rays per ICU patient.<sup>14</sup> Following cardiac surgery, early referral to speech-language pathology

services within 72 hours for individuals with suspected dysphagia is associated with a 64% lower risk of pneumonia.<sup>15</sup> These outcomes reflect both improved patient recovery and substantial cost avoidance, underscoring the return on investment of integrating speech-language pathology services into complex medical care pathways.

*Military Patient Example: Complex Neurorehabilitation:* After a penetrating brain injury during active duty, Sergeant Davis initially communicated with his family and the care team using only hand squeezes and eye blinks. Through intensive speech-language pathology intervention, he gradually regained speech, cognitive-communication skills, and the ability to participate in medical decision-making and rehabilitation planning. These gains allowed him to transition from high-cost inpatient care through the VA to community-based rehabilitation and ultimately re-engage in family and vocational roles. Months later, at a family cookout held in his honor, he stood to give a toast thanking his parents, care team, and fellow soldiers.

*Pediatric Example: Complex Feeding in Cystic Fibrosis:* Liam, a toddler with cystic fibrosis, faced severe feeding challenges. Speech-language pathology intervention improved swallowing safety and nutrition, reduced hospitalizations, and let his parents confidently offer him a birthday cupcake on his third birthday. Speech-language pathology interventions related to feeding and swallowing have been demonstrated to reduce the total length of stay in hospital settings and can facilitate an average cost savings of \$40,000 to \$365,000 per child.<sup>16</sup>

## Conclusion

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Speech-language pathology unambiguously satisfies all three elements of the Department's operative definition for professional degrees:

1. The speech-language pathology degree signifies completion of the academic requirements for beginning practice in licensed professions where the specified degree is mandatory for entry.
2. Speech-language pathology requires advanced professional medical skills substantially beyond those acquired in bachelor's degree programs, involving complex clinical decision-making, sophisticated diagnostic procedures, and evidence-based therapeutic interventions.
3. Speech-language pathology requires professional licensure in all 50 states and the District of Columbia before practitioners can engage in independent practice.

Moreover, speech-language pathology aligns closely with the Department's illustrative list of professional degrees. It is a health care profession like nine of the 11 enumerated fields and merits inclusion as a professional health care degree.

Speech-language pathology demonstrates excellent return on investment for the federal government by providing high-acuity, medically necessary care that reduces long-term health care costs across the lifespan. The scope for this professional continuum of care ranges from pediatrics to long-term adult care. Examples of supporting highly specialized and medically complex interventions for pediatrics include, but are not limited to, supporting the communication needs of autistic children or newborns in the ICU who need support breathing and swallowing to feed. Long-term adult care may involve highly complex medical interventions such as stroke rehabilitation or Alzheimer's and Parkinson's habilitation. It is for these reasons—and many more—we urge the Department to include speech-language pathology within the definition of “professional degree” in the final rule.

Thank you for the opportunity to provide feedback. If you or your staff have any questions, please contact Bill Knudsen, ASHA's director of education policy, at [bknudsen@asha.org](mailto:bknudsen@asha.org).

Sincerely,



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2026 ASHA President

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- <sup>1</sup> U.S. Department of Education. (2026, January 30). Reimagining and Improving Student Education. *Federal Register*. Vol. 91, No. 20 <https://www.federalregister.gov/documents/2026/01/30/2026-01912/reimagining-and-improving-student-education>
- <sup>2</sup> National Archives and Records Administration. (2026). *Code of Federal Regulations*. 34 CFR 685.102. § 685.102 Definitions. <https://www.ecfr.gov/current/title-34/section-685.102>
- <sup>3</sup> National Archives and Records Administration. (2026). *Code of Federal Regulations*. 34 CFR 668.2. § 668.2 General definitions. <https://www.ecfr.gov/current/title-34/section-668.2>
- <sup>4</sup> An act to provide for reconciliation pursuant to title II of H. Con. Res. 14. H.R. 1. 119th Cong. (2025-2026). <https://www.congress.gov/bill/119th-congress/house-bill/1/text>
- <sup>5</sup> American Speech-Language-Hearing Association. (n.d.). *ASHA State-by-State*. <https://www.asha.org/Advocacy/state/>
- <sup>6</sup> U.S. Department of Education. (2026, January 30). Reimagining and Improving Student Education. *Federal Register*. Vol. 91, No. 20. <https://www.federalregister.gov/d/2026-01912/p-129>
- <sup>7</sup> U.S. Department of Education. (2026, January 30). Reimagining and Improving Student Education. *Federal Register*. Vol. 91, No. 20. <https://www.federalregister.gov/d/2026-01912/p-130>
- <sup>8</sup> U.S. Department of Education. (2026, January 30). Reimagining and Improving Student Education. *Federal Register*. Vol. 91, No. 20. <https://www.federalregister.gov/d/2026-01912/p-160>
- <sup>9</sup> U.S. Department of Education. (2026, January 30). Reimagining and Improving Student Education. *Federal Register*. Vol. 91, No. 20. <https://www.federalregister.gov/d/2026-01912/p-111>
- <sup>10</sup> American Speech-Language-Hearing Association. (2023). *The Value of Cognitive Rehabilitation for Adults With Acquired Brain Injury (ABI)*. <https://www.asha.org/research/ebp/demonstrating-your-value/value-of-cognitive-rehabilitation-for-adults-with-acquired-brain-injury/>
- <sup>11</sup> Shenson, J., Craig, J. N., & Rohde, S. L. (2017). Effect of Preoperative Counseling on Hospital Length of Stay and Readmissions after Total Laryngectomy. *Otolaryngology—Head & Neck Surgery*, 156(2), 289–298. <https://doi.org/10.1177/0194599816671695>
- <sup>12</sup> Virani, A., Kunduk, M., Fink, D. S., & McWhorter, A. J. (2015). Effects of 2 different swallowing exercise regimens during organ-preservation therapies for head and neck cancers on swallowing function. *Head & Neck*, 37(2), 162–170. <https://doi.org/10.1002/hed.23570>
- <sup>13</sup> Barbon, C. E. A., Peterson, C. B., Moreno, A. C., Lai, S. Y., Reddy, J. P., Sahli, A., Martino, R., Johnson, F. M., Fuller, C. D., & Hutcheson, K. A. (2022). Adhering to Eat and Exercise Status During Radiotherapy for Oropharyngeal Cancer for Prevention and Mitigation of Radiotherapy-Associated Dysphagia. *JAMA Otolaryngology—Head & Neck Surgery*, 148(10), 956–964. <https://doi.org/10.1001/jamaoto.2022.2313>
- <sup>14</sup> Mills, C., L. Hudson-Evans, A. Winfield, C. Pattison, & Michou, E. (2019). Intensive Care Unit and Ward Length of Stay Reduction Following SLT-Led Changes to Tracheostomy Management in a Cardiac Intensive Care Unit. *Dysphagia*, 34, no. 5: 759. <https://link.springer.com/article/10.1007/s00455-019-10009-w>
- <sup>15</sup> Kumble, S., Strickland, A., Cole, T. K., Canner, J. K., Frost, N., Madeira, T., Alejo, D., Steele, A., & Schena, S. (2022). Association Between Early Speech-Language Pathology Consultation and Pneumonia After Cardiac Surgery. *American Journal of Speech-Language Pathology*, 31(5), 2123–2131. [https://doi.org/10.1044/2022\\_AJSLP-21-00310](https://doi.org/10.1044/2022_AJSLP-21-00310)
- <sup>16</sup> American Speech-Language-Hearing Association. (August 2024). *The Value of the Speech-Language Pathologist (SLP) in Pediatric Feeding and Swallowing Disorders (FSDs)*. <https://www.asha.org/siteassets/ebp/dov/value-of-slps-in-pediatric-feeding-and-swallowing-disorders.pdf>